

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000059565

**Entity Name:** BETH SWIRE BEAUTY SERVICES INC.

**Current Principal Place of Business:**

10445 QUAILWOOD LANE  
A  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

10445 QUAILWOOD LANE  
A  
BOYNTON BEACH, FL 33436 US

**FEI Number:** 46-0534745

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SWIRE, BETH  
10445 QUAILWOOD LANE  
A  
BOYNTON BEACH, FL 33436 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DIR  
Name            SWIRE, BETH  
Address        10445 QUAILWOOD LANE  
                  A  
City-State-Zip: BOYNTON BEACH FL 33436

Title            P  
Name            SWIRE, BETH  
Address        10445 QUAILWOOD LANE  
                  A  
City-State-Zip: BOYNTON BEACH FL 33436

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BETH SWIRE

**PRESIDENT**

**01/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date